

## Implementation Tool: Educator Version

**Directions:** This form can be used for multi-session curricula or brief presentations. Please fill out one form for each session in the curriculum or presentation. It is best to complete the form right after the session.

<b>Person Completing Form:</b> _____	<b>Location of Session:</b> _____
<b>Name of Curriculum (if applicable):</b> _____	
<b>Session Title (and # if applicable):</b> _____	
<b>Date of Session:</b> _____	<b>Length of Session (in min.):</b> _____
<b># Participants:</b> _____	

1. Overall, how much did you have to change the session/presentation from the way it is presented/written in the curriculum or presentation outline?    ☐ None        ☐ A little        ☐ A lot
  
2. For each of the activities or parts of this session, please indicate the name of the activity or part, and whether or not you completed it and whether or not you modified it. Modifications might include changing the order of the lesson, adding new content or activities, or changing the way you teach something (e.g., making something into a game or using pairs instead of small groups for an activity). If you modified an activity or teaching strategy, please describe the changes you made. You may need to add or delete rows to match your curriculum/presentation.

Activity Check-Off Sheet					
Name of Activity or Part of Session (write in name e.g., refusal skill role play)	Did you complete this? (mark one, 'X')			If you modified the <u>content</u> , please describe the modifications you made (e.g., changed order, added or supplemented with other content)	If you modified the <u>teaching strategies</u> , please describe the modifications you made (e.g., used pairs instead of small groups)
	Yes, per session outline	Yes, but I made changes	No		

3. Please circle an option for each of the following questions.

	<b>Not at all</b>		<b>Somewhat</b>		<b>Very</b>
3a. How interested, in general, were the participants during the session? Please comment on your rating:	1	2	3	4	5
3b. How engaged/on task were the participants during the session? Please comment on your rating:	1	2	3	4	5

4. What part of this session or presentation do you think had the most impact on participants? Please explain.

5. For each activity you were not able to complete (i.e., you marked “no” in the Activity Check-Off Sheet above), please describe the challenges you experienced in implementing the activity.

6. Are there ways this lesson could be changed to make it more effective? ☐ Yes ☐ No  
If yes, please describe what changes you think should be made.